14467-44369

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DECLARATION FOR LITH ITY OR

Attorney Docket Number

DES	SIGN		First Named Inventor	Shannor	n G. Parsons						
PATENT AF	N		OMPLETE IF KN	APLETE IF KNOWN							
(37 CF		Application Number	TRD	ТВО							
Declaration Submitted OR With Initial	Declara	tion	Filing Date	-	March 15, 2004						
		ed after Initial	Art Unit	TBD							
Filing	(37 ČFF required	₹ 1.16 (e))	Examiner Name	TBD							
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I hereby declare that:											
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.											
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for											
which a patent is sought on the invention entitled:											
DISPLAY ADJUSTABLY POSITIONABLE ABOUT SWIVEL AND PIVOT AXES											
(Title of the Invention) the specification of which											
is attached hereto											
OR			1								
1	VVV\		as United States	Application Nur	mber or PCT International						
was filed on (MM/DD/Y	' ' ' '		as Officed States								
		and was amended	1		(if applicable)						
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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:	ct all correspondence to: Customer Number		26702 <b>OR</b>		OR	Correspondence address below				
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Charlotte				NC					28210	
Country		Telephone				Fax			<u> </u>	
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I hereby declare that all statem and belief are believed to be statements and the like so made false statements may jeopardize	true; and fur de are punishal	ther that thole ole by fine o	nese stat or impriso	ements onment	were or bot	made th, und	e with der 18	the kno	wledge that willful false	
NAME OF SOLE OR FIRST IN	VENTOR:		Пар	etition l	has bee	en filed	d for thi	s unsiar	ned inventor	
Given Name (first and middle [if any]) Shannon G.				A petition has been filed for this unsignation Family Name or Surname PARS						
Inventor's Signature	1411 /			1				•	Date March 15, 2004	
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NAME OF SECOND INVENTO	R:							n filed f	or this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname						
Inventor's Signature			,						Date	
Residence: City	State	Country				Citizenship		nship		
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City	State			ZIP				Count	Country	
Additional inventors or a local re	procentative are bei	ng named as t	ho s	unnlama	ntal abaa	+(a) PT/		or 02LP /	attached hereto	